

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		1/		1/		
2							52		1/		1/		
3							53		1/		1/		
4							54		1/		1/		
5							55		1/		1/		
6							56	1			1/		
7							57		1/	1			
8							58		1/		1/		
9							59		1/		1/		
10							60		1/		1/		
11							61		1/		1/		
12							62		1/		1/		
13							63		1/		1/		
14							64	1			1/		
15							65		1/				
16							66		1/				
17					1		67		1/				
18						1/	68		1/				
19						1/	69		1/				
20						1/	70		1/				
21						1/	71		1/				
22						1/	72		1/				
23						1/	73		1/				
24						1/	74		1/				
25						3	75	1					
26						3	76		1/				
27						1	77		1/				
28						1	78		1/				
29						1	79		1/				
30						1	80		1/				
31					1	1	81		1/				
32						1/	82		1/				
33						1/	83	1					
34						1	84		1/				
35						1	85		1/				
36						1	86		1/				
37						1	87		1/				
38						1	88		1/				
39						3	89		1/				
40						3	90	1					
41						1	91		1/				
42						1	92		1				
43						1	93		1/				
44						1/	94		1/				
45						1	95		1				
46						1	96		1				
47						1	97	1					
48					1		98		1				
49						1	99		1/				
50						1	100		1				
TOTAL IND.							TOTAL IND.			10			
TOTAL DEP.							TOTAL DEP.			95			
TOTAL CLAIMS							TOTAL CLAIMS			105			